Name In Full

Certificate of Death

Lavinia Adams

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: July Day: 27 | Age Y. 45 M. D. | Native of Dorchester | Occupation Seamstress

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband of Wife Henry Adams

Father's Name Levin Evans | Mother's Maiden Name Eliza Thomas

Cause of Death: Primary Chronic Nephritis | How long sick Some months

Immediate Leucaemia | ~~Accident, Suicide, Homicide~~

120

Reported by P. W. Goldsborough

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full: Mary C. Burton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madison; County: Dorchester

Date of death 1904: Month: July; Day: 4th.; Years: Age about 65; Months; Days

Sex: Female; Color or Race: White; Birthplace: Dor. Co. Md.

Married, Single or Widowed: Single; Occupation: Housework

Name of Wife or Husband: +

Father's Name: William Burton; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Elizabeth Harris; Mother's Birthplace: Dor. Co. Md.

Name of person giving In formation: Julia Burton; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestive fever; How long: 3 or 4 days

Immediate: Convulsions; How long: about two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Arnett M.D.

Address: Madison Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full: Phoebe J. Campfer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woolford — County: Dorchester

Date of death 1904: Month: July — Day: 4th — Age: Years: 20 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Dor. Co. Md.

Married, Single or Widowed: Married — Occupation: Housework

Name of ~~Wife~~ Husband: Charles Campfer

Father's Name: Don't Know — Father's Birthplace: Dor. Co.

Mother's Maiden Name: Don't Know — Mother's Birthplace: Dor. Co.

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Child birth — How long: about 24 hours

Immediate: Eclampsia — How long: about 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Smith M.D.

Address: Madison, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86316

Name in Full: John R. Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lakesville — County: Dorchester

Date of death: 1904 — Month: July — Day: 14th — Age: Years: 75 — Months: — Days: —

Sex: Male — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: Labourer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Don't know

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't know — Father's Birthplace: —

Mother's Maiden Name: Don't know — Mother's Birthplace: —

Name of person giving Information: Howard Richardson — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't know — How long: one week

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Smithcum M.D.

Did not attend patient

Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full * William Cornish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Church Creek (County) Dorchester

Date of death 1904 (Month) July (Day) 15th

Age (Years) 1 (Months) 1 (Days)

Sex Male

Color or Race Col.

Birthplace Dor. Co. Md.

Occupation Infant

Where Residing if not at place of death —

Married, Single or Widowed Infant

Name of Wife or Husband Infant

Father's Name Illegitimate

Father's Birthplace —

Mother's Maiden Name Edith Cornish

Mother's Birthplace Dor. Co. Md.

Name of person giving In formation Artemus Mace

How related to deceased none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Dysentery

How long 14

Immediate

How long Don't know

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician W. L. D. Leitheiser M.D.

* Did not attend patient

Address Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Russel Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Irvinia — County: Dorchester

Date of death: Month: July — Day: 21 — 190[illegible]

Age: Years: 4 — Months: 7 — Days: 4

Sex: Male — Color or Race: Black — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Russel Dorsey — Father's Birthplace: Maryland

Mother's Maiden Name: Ruth Thomas — Mother's Birthplace: Baltimore

Name of person giving Information: Thos Whitaguer — How related to deceased: Step father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rachitis — How long: —

Immediate: Convulsions — How long: five hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Elliott

Address: Irvinia Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Clara Goodman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: July; Day: 19; 1904

Age: Years: 74; Months: 4; Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name or Wife or Husband: Josias Goodman

Father's Name: — Hitchman

Father's Birthplace: Maryland

Mother's Maiden Name: not known

Mother's Birthplace: —

Name of person giving Information: E. Nathan

How related to deceased: Daughter

1904

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: 2 days

Immediate: Acute heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Mary Stuart M.D.

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Caroline Ellen Graves

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hudson — County: Dorchester

Date of death: 1904 — Month: July — Day: 4 — Age: Years 76 — Months 3 — Days 21

Sex: Female — Color or Race: White — Birthplace: James. Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of ~~Wife or~~ Husband: Edwin Graves

Father's Name: John Speedden — Father's Birthplace: James. Md

Mother's Maiden Name: — Mother's Birthplace: James Md

Name of person giving Information: Melvin Graves — How related to deceased: Son

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: 6 mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: L A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full — — Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hill Point — County: Dorchester

Date of death 1904 — Month: July — Day: 18 — Age: Years — — Months: 2 — Days: 17

Sex: Boy — Color or Race: Negro — Birthplace: Hills Point

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — — Father's Birthplace: — —

Mother's Maiden Name: Carrie Hamilton — Mother's Birthplace: Hudson

Name of person giving In formation: Gertie Stanley — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 hours

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Nettie Hunting

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

P. O. Died at — Town: Cambridge — County: Dorchester

Date of death: Month: July — Day: 14 — Years: Age 19 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Dor Co. Md.

Occupation: Domestic wife Boarding — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or Husband: Chas. Hunting

Father's Name: Wm. D. Jones — Father's Birthplace: Md.

Mother's Maiden Name: — Gahan — Mother's Birthplace: Md

Name of person giving Information: — — How related to deceased: —

1555

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arsenic poison poisoning — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Moore

Address: Cambridge Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A48616

Name in Full

Certificate of Death

Louie Holmes

Died at Town Hurlock County Dor MARYLAND

Date 1904 Month 7 Day 24 | Age Y. 23 M. — D. — | Native of Md | Occupation wife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of John Holmes

Father's Name — Mother's Maiden Name — 38

Cause of Death: Primary — Puerperal Eclampsia — How long sick 7 hours

Immediate — ~~Accident, Suicide, Homicide~~

Reported by G Roger Myers M.D.

Address Hurlock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jean Elizabeth Stughes

CERTIFICATE OF DEATH

MARYLAND

Died Dec — Town: Church Creek — County: Dorchester

Date of death 1904	Month	Day	Years	Months	Days
	July	20th	—	3 (about)	

Sex: Female — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Infant — Name of Wife or Husband: Infant

Father's Name: Robt. Stughes Jr. — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Lizzie Fisher — Mother's Birthplace: Dor. Co. Md.

Name of person giving Imformation: John A. Fisher — How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: * Don't Know — How long: Don't know

Immediate: Enteritis — How long: One week

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R L Smithcum MD

Address: Church Creek, Md.

PHYSICIAN OR CORONER

* Dr. not attend patient

Accident or Suicide? R L S

LIBRARY BUREAU A88316

Name in Full: John B. Hughes

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Church Creek County: Dorchester

Date of death: Month: July Day: 21st 1904

Age: Years — Months: 3 (about) Days —

Sex: Male Color or Race: Col. Birthplace: Dor. Co. Md.

Occupation: Infant Where Residing if not at place of death: —

Married, Single or Widowed: Infant Name of Wife or Husband: Infant

Father's Name: Robt. Hughes, Sr. Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Lizzie Fisher Mother's Birthplace: Dor. Co. Md.

Name of person giving Imformation: John A. Fisher How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1905

Primary * Don't Know How long Don't Know

Immediate Enteritis How long Two days

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Smithson M.D.

Address: Church Creek, Md.

PHYSICIAN OR CORONER

* Did not attend patient R.L.S.

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: (~~Baby Jones~~) Cornelia Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: Month: July — Day: 27 — 1904

Age: Years: — Months: 10 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jas. E. Jones — Father's Birthplace:

Mother's ~~Maiden~~ Name: Cornelia Jones — Mother's Birthplace:

Name of person giving Information: Jos. E. Jones — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: Lucretta Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: 7 — Day: 3 — Age: Years: — Months: — Days: 24

Sex: Female — Color or Race: Blk. — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Will Jones — Father's Birthplace: Clearfield

Mother's Maiden Name: Louisa Cain — Mother's Birthplace: Dorchester Co.

Name of person giving Imformation: John Young — How related to deceased: Uncle

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long:

Immediate: Exhaustion & Malnutrition — How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: E E Wolff M D

Address:

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Hester Kennard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: July; Day: 13; 1904

Age: Years: 85; Months: —; Days: -

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Cook

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: James Kennard

Father's Name: not known

Father's Birthplace:

Mother's Maiden Name: not known

Mother's Birthplace:

Name of person giving Information: Annetta Stitt

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart - disease

How long: 6 months

Immediate: Gradual heart Failure

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Artie R. Smoot

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: July — Day: 18 — 1904

Age: Years: 10 — Months: 1 — Days: 30

Sex: Male — Color or Race: Black — Birthplace: Cambridge Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. Smoot — Father's Birthplace: Dr Colored

Mother's Maiden Name: Nancy Givins — Mother's Birthplace: Dr. Colored

Name of person giving Information: Mary Smoot — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: all his life

Immediate: Convulsions not Malaria — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele M.D.

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU Add516

Name in Full: Lizzie Maddox

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: July — Day: 28 — Age: Years: 1 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name or Wife or Husband: —

Father's Name: West Maddox — Father's Birthplace: Md.

Mother's Maiden Name: Annetta Clash — Mother's Birthplace: Md.

Name of person giving Information: West Maddox — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute entero-colitis — How long: 2 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur G. Drake M.D.

Address: Cambridge Dorchester Co

Accident or Suicide? —

LIBRARY BUREAU A-8516

Name in Full: Sarah S Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: Jan; Day: 22; 1904

Age: Years: 32; Months; Days

Sex: Female

Color or Race: White

Birthplace: Dorchester Co Md

Occupation: Housework

Where Residing if not at place of death: Hospital Cambridge Md

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Herman W. Moore

Father's Name: Wm J. Engle

Father's Birthplace: Dr Co Md

Mother's Maiden Name: Sarah Dayton

Mother's Birthplace: " " "

Name of person giving Information: Herman W Moore

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis

How long: 2 weeks

Immediate: Exhaustion

How long: a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr M Gale Conway

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: Nancy Ann Marine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death 1904: Month: July; Day: 7

Age: Years: 49; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Laundress; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of ~~Wife or~~ Husband: John F. Marine

Father's Name: Lloyd Harris; Father's Birthplace: Md

Mother's Maiden Name: Maria Jewes; Mother's Birthplace: Md

Name of person giving Information: Bertha Marine; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Uteri; How long: over 1 year

Immediate: Septicaemia & Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Drake M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full: Morrine

CERTIFICATE OF DE[illegible]

MARYLAND

Died — Town: Cambridge — County: Dorchester

Date of death: Month: July — Day: 28 — 1904

Age — Years: — Months: — Days: 10 hours

Sex: Female — Color or Race: White — Birthplace: Dr. C. md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: S. R. Morrine — Father's Birthplace: —

Mother's Maiden Name: Flora E. Morrine — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition — How long: 10 hours

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Mace

Address: Cambridge md.

Accident or Suicide?

1/5/

LIBRARY BUREAU A66316

Name in Full: Masura Parks —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hallands Isl — County: Dorchester

Date of death: 1904 — Month: July — Day: 20 — Age: Years 32 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Hollands Isl.

Occupation: — — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Mrs Masura Parks

Father's Name: Jno. W. Parks — Father's Birthplace: Hollands Isl

Mother's Maiden Name: Masura Todd — Mother's Birthplace: " "

Name of person giving In formation: Geo Todd. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Placenta Previa Centralis — How long: 15 days

Immediate: Septicaemia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. Gordon Valls M.D.

Address: Hollands Isl. Dr. Gordon Valls Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Saddy Perkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna; County: Dorchester

Date of death: 1904; Month: July; Day: 21; Age: Years: 63; Months: 3; Days: 8

Sex: Female; Color or Race: Black; Birthplace: Marbella Springs

Occupation:

Where Residing if not at place of death: at place of death

~~Married, Single~~ or Widowed: Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: D. Ennis; Father's Birthplace: Marbella Springs

Mother's Maiden Name: Anna Bailey; Mother's Birthplace: " "

Name of person giving In formation: Mary Pinkett; How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of the Breast; How long: one year

Immediate:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.P. Elliott

Address: Vienna Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name In Full — Certificate of Death

Webster W Pritchett

Died at Town: Bishops Head — County: Somerset — MARYLAND

Date 1904 July 5 — Age Y. 23 M. 2 D. — Native of — Occupation Oysterman

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living One

Husband of Wife: Georgie A Pritchett

Father's Name — Mother's Maiden Name: Wingate

Cause of Death — Primary — Immediate: Lockjaw — How long sick 12

Accident, ~~Suicide, Homicide~~

Reported by Dr L G Phillips — Address Fairmount Md

J L Robertson undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Clarence E Seward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thomas; County: Dorchester

Date of death 1904: Month: July; Day: 28

Age: Years: 2; Months: 4; Days:

Sex: Male

Color or Race: white

Birthplace: Thomas Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levin J. Seward

Father's Birthplace: Baltimore Md

Mother's Maiden Name: Martha J. Marshall

Mother's Birthplace: James Md

Name of person giving Information: James C Seward

How related to deceased: Brother

63

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile paralysis

How long: 3 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full (Baby) Hearn

CERTIFICATE OF DEATH

MARYLAND

Died at Town Cambridge County Dorchester

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	July	19	Age —	4	—

Sex — Color or Race White — Birthplace Dorchester Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single. Name of Wife or Husband —

Father's Name Walter Hearn — Father's Birthplace Md

Mother's Maiden Name — Emma Ford — Mother's Birthplace —

Name of person giving Information — How related to deceased —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum — How long 1 day

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician John Hearn

Address Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A06316

Name in Full: Leafie R Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: James Town — County: Dorchester

Date of death: Month: July — Day: 11 — Years: 1 — Months: 4 — Days:

Sex: Male — Color or Race: W White — Birthplace: James Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name or Wife or Husband: —

Father's Name: Saml. R Smith — Father's Birthplace: Canada

Mother's Maiden Name: Elizabeth A Spedden — Mother's Birthplace: James Md

Name of person giving information: S R Smith — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-enteritis — How long:

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU AGBIS

Name in Full: Thos. Withers Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna; County: Dorchester

Date of death: Month: July; Day: 2nd; Years: 84; Months: 4; Days: 6

Sex: Male; Color or Race: White; Birthplace: South Carolina

Occupation: Farmer (Retired); Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife ~~or Husband~~: Fanny J. Smith.

Father's Name: Leo A Smith; Father's Birthplace: South Carolina

Mother's Maiden Neme: Ann E Withers; Mother's Birthplece: South Carolina

Name of person giving In formation: Richard Smith; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Interstitial Nephritis; How long:

Immediate: Uremia; How long: 34 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: W.P. Elliott.

Address: Vienna.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles F Spedden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jarvis — County: Dorchester

Date of death: 190+ July 24 — Age: Years 81 — Months 0 — Days 0

Sex: Male — Color or Race: White — Birthplace: Jarvis Md

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: — — —

Father's Name: John Spedden — Father's Birthplace: Jarvis Md

Mother's Maiden Name: Eliz. F Jones — Mother's Birthplace: Fairs Point Md

Name of person giving Information: H P Spedden — How related to deceased: nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease (valvular) — How long

Immediate: Old age — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L A Sickels

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
Date 1904 July 2		Age	11	19			

Male ~~Female~~

~~White~~ Colored

Married Single Widow Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

		How long sick
Cause of Death	Primary	
	Immediate	~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 19

Age

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced Number ~~of children~~ living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79999

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sallie Warfield

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: July — Day: 27 — Age: 49 — Months: — Days:

Sex: Female — Color or Race: colored — Birthplace: Md.

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: George Warfield

Father's Name: David Brice (C) — Father's Birthplace: Md

Mother's Maiden Name: Rachael Brasier (C) — Mother's Birthplace: "

Name of person giving Information: Geo. Warfield — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: 15 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Dash M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide? —

LIBRARY BUREAU A80016

Name in Full

B. G. Jarvis

Certificate of Death

Died at Town Caulnop County Dorchester MARYLAND

Date 1904 Month July Day 31 | Age Y. 1 M. 12 D. | Native of Dorchester Co | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name J. C. Jarvis

Mother's Maiden Name Ida M Dunn

Cause of Death: Primary Gastro-Enteritis — How long sick 10 days

Immediate Exhaustion

105

Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Caulnop Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Dennis Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death: 1904; Month: July; Day: 17; Age: Years: 80; Months; Days

Sex: Male; Color or Race: African; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name or Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jarvis Wilson; Father's Birthplace: Md

Mother's Maiden Name: Lear Gamby; Mother's Birthplace: Md

Name of person giving information: John Gamby; How related to deceased: Brother

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Haemorhage; How long: 2 days.

Immediate: Shock; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. B. Shriver, Jr.

Address: Taylors Island. Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Jas. B. Young

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge — County: Dorchester

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: July	Day: 8th	Years: Age 63	Months	Days
Sex: male	Color or Race: Colored		Birthplace: Dor. Co. Md.		
Occupation: Farmer	Where Residing if not at place of death				
Married, Single or Widowed: married	Name of Wife or [redacted]: Harriett Young				
Father's Name: Jas. Young			Father's Birthplace: Dor Co. Md		
Mother's Maiden Name: Harriett Wrangus			Mother's Birthplace: Dor. Co. Md.		
Name of person giving Information: Mary E. Ballard			How related to deceased: Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypostatic Congestion	How long: 3 months
Immediate: Exhaustion	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: [illegible]
Accident or Suicide?	Address: Cambridge Md.

LIBRARY BUREAU A99818